## SAN FRANCISCO BAY AREA RAPID TRANSIT DISTRICT



## WIRELESS/FIBER PERMIT APPLICATION OF PLAN REVIEW

	Date:		
Attention: Manager,	For BART use only		
Real Estate and Property Development Department	PERMIT No.		
☐ MLA No	Site Location:		
☐ ISLA No			
☐ Fiber Installation			
Submitted Document	preferred)		
Application is made for permission to perform the following in t	he BART Right of Way:		
Check all that applies:  Install Wireless Antennas and Radios  Fiber Installation  Temporary Improvement  Permanent Improvement  Cabinet Installation/Addition			
☐ Permit to Enter	☐ Other		
Detailed scope of work (describe in details all work requested for permit):			
List/Describe type of Equipment to be used:			

Applicant agrees to submit the As-built drawings (if required) after final inspection and sign-off. Failure to submit As-built may result in forfeiture of refundable deposit. Please allow 4 to 6 weeks for processing this application. Expect refundable deposit about 30 days after sign-off

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This construction/Installation will be:				
☐ Underground ☐	Aerial $\Box$	Yard		
☐ Above Ground ☐	Station	Buried Cable		
Milepost Location				
Method of work:				
Is the proposed work in the BART operating envelope? $\square$ Yes $\square$ No				
Is the proposed Permit Area within 50 feet (Vertical or Horizontal) of Trackway?				
Project Approval Date: (Commercial Communication Revenue Program under OCIO)				
Environmental Review Yes No  if yes,  Specify any review for CEQA  Identify any document certification  Project Approval Date (by Environmental Administrator under System Development)				
Specify any change to existing landscape or irrigation				
Will any excavated material be transported off of Permit Area ☐ Yes ☐ No				
Does the proposed work involve fuel or known hazardous material on BART premises?				
If yes, please specify and/or explain (Including any fuel storage capacity).				
Name of Applicant (print company or ag	ency) Joint construction	n applicant		
Address (Print)	Address (Print)			
By (authorized signature) Phone and I	mail By (authorized si	gnature) Phone and Email		
Name & Title (Print)	Name & Title (Pr	Name & Title (Print)		

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For official use only			
Permit No	Date Issued:	Work Order No	
Reviewed by			
ROW Management	Traction Power	Application receipt date:	
Mechanical Engineering		Refundable deposit	
Civil/ Engineering.		Completion date	
Electrical Engineering	Field. Management	As-built submittal date	
Electrical Engineering	Insurance Department		
Comm. Engineering	Commercial Communication		
As-Built Drawings required	☐ Yes ☐ No		
Location:	Inspector/Employee in Charge (EIC) name		
Line			
Mile Post	Inspector/Employee Sign-off	Date:	
Notes:			

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